

I

9-454

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, clearly and legibly, especially important. Physicians: please write the causes of death clearly and legibly.

00835

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline  
 County: Greensboro Rural  
 City or town: Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Weeks  
 Hospital, institution, or street address where death occurred: ✓  
 How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State: Penns. County: Huntingdon Valley  
 City or town: Huntingdon Valley  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ✓  
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war: ✓

## 3. (a) FULL NAME

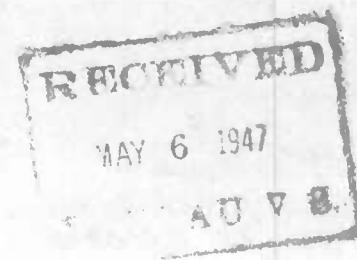
Margaret Andrus4. Sex: F. 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married6. (b) Name of husband or wife: Russell7. Birth date of deceased (mo., day, yr.): July 3, 1883 6. (c) If alive, give age: 52 years8. AGE: 63 Years 9 Months 26 Days | If less than one day: hrs. min.9. Birthplace: Phila. Penna. (Town, county, and state)10. Usual occupation: Housewife11. Industry or business: Palmer12. Name: No Record13. Birthplace: Mary Massey14. Maiden name: Del.15. Birthplace: Mr. Russell Andrus16. Informant: Mansfield, Penna.Address: Burial(Burial, cremation, or removal, which?) Old Fellowship Date thereof: May 3, 1947(month) (day) (year) (month) (day) (year)Cemetery or crematory: CamdenLocation: Del.18. Funeral director: P. B. RawlingsAddress: Greensboro, Md.19. Date rec'd by Registrar: May 2, 1947 L. Madeline registrar3. (b) Social Security Number: ✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29, 194721. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28, 1947 to April 29, 1947 and that I last saw her alive on April 29, 1947Immediate cause of death: Cocci. meningo DURATION (1)Due to: Cocci. meningo DURATION (1)Due to: Cocci. meningo DURATION (1)Other conditions: ✓ (Include pregnancy within 8 months of death)Major findings or operations: ✓ Date of op. ✓Autopsy results: ✓ PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)Injured at home, farm, industry, public place (where?) ✓Means of injury: ✓ Injured at work? ✓23. SIGNATURE: ✓ M. D. or other ✓Address: Greensboro, Md. Date signed: 5-2-47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-23

00836

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Near Delmar - 10 min.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Daniel Bard Benson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w.

widow

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

1877

8. AGE: Years Months Days If less than one day

75

0

0

hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8 1947

21. I CERTIFY that death occurred on the date above stated: that attended deceased from

death 1947 to 1947

and that I last saw him alive on April 8, 1947

Immediate cause of death Cerebral Hemorrhage

DURATION

1 year

Due to Hypertension

9

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

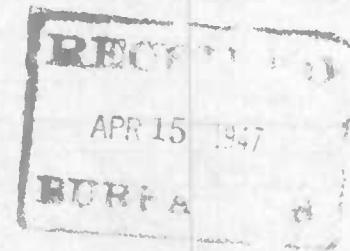
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Lentan, Md Date signed April 11, 1947



1  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00837

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County.....

Caroline

City or town.....

Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

20 yrs

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

wk.

## 3. (a) FULL NAME

Ella Pinkney Bowles Boles

## 3. (b) Social Security Number

218-20-2996

4. Sex

F.

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

William Boles

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

1896

8. AGE:

Years

Months

Days

If less than one day

51

hrs.

min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Domestic

11. Industry or business

Unknown

12. Name.....

Unknown

13. Birthplace

14. Maiden name.....

Unknown

15. Birthplace

16. Informant.....

James George

Address

Preston Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

April 8, 1947

Cemetery or crematory.....

Johns Cemetery

Location.....

Near Preston, Maryland

18. Funeral director.....

Leon W. Henney

Address.....

Canton Md.

19. April 5

1947

(Date rec'd by registrar)

Cornelia W. Plummer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Caroline

City or town.....

Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 1 5

1947 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 30

1947

to April 15 1947

and that I last saw her alive on April 14 1947

1947

Immediate cause of death.....

Labor &amp; Delivery

DURATION.....

8 days

Due to.....

Cat Cervical

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Preston, Maryland

Date signed April 15 1947

RECEIVED

APR 8 1947

B. R. E. A.

PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3a

00838

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline

City or town Seaford, Delaware - Rural

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Near Federalsburg at Bethel

How long in hospital or institution?

## 3. (a) FULL NAME

Charles E. Cannon

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Colored

Widowed

6.(b) Name of husband or wife

Rosie Cannon

7. Birth date of deceased (mo., day, yr.)

February 1, 1885

6.(c) If alive, give age years

8. AGE:

Years 62

Months 2

Days 4

If less than one day

hrs. ....

min. ....

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

MOTHER

FATHER

12. Name

Stephen Cannon

13. Birthplace

Caroline County, Maryland

14. Maiden name

Daisy Matthews

15. Birthplace

Caroline County, Maryland

16. Informant

Catherine Cannon

Address

Seaford, Delaware, R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 8, 1947

(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

Near Federalsburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. April 8

(Date rec'd by registrar)

1947

J. J. Frampton

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Seaford, Delaware - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Federalsburg at Bethel

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 5

1947 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Born 26 1947 to April 5 1947

and that I last saw h. m. alive on April 4 1947

Immediate cause of death

Cerebral Hemorrhage 2/1/47

DURATION

Due to

Hypertension

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

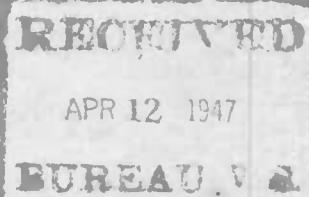
Injured at work?

23. SIGNATURE

H. S. Small, M.D.

M. D. or other

Address Tinton, Md. Date signed 4-8-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

Harmony

How long in hospital or institution?

## 3. (a) FULL NAME

Anna E. Cook

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Divorced

## 6. (b) Name of husband or wife

Thomas Cook6. (c) If alive, give age — years

## 7. Birth date of deceased (mo., day, yr.)

July 9, 1877

## 8. AGE:

Years 69Months 9Days 7

If less than one day

hrs. —min. —

## 9. Birthplace

Talbot County, Maryland

(Town, county, and state)

## 10. Usual occupation

Unemployed

## 11. Industry or business

## MOTHER FATHER

12. Name Martin W. Omond13. Birthplace Talbot County, Maryland

## MOTHER FATHER

14. Maiden name Julia Ann Fisher15. Birthplace Talbot County, Maryland

## 16. Informant

George J. Cook

## Address

Bethlehem, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 21, 1947  
(month) (day) (year)

## Cemetery or crematory

Spring Hill Cemetery

## Location

Easton, Maryland

## 18. Funeral director

J. J. Frampton & Son

## Address

Federalsburg, Maryland19. April 21 1947

(Date rec'd by registrar)

C. H. Plummer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Harmony

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1947 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1947 to April 16 1947and that I last saw her alive on April 16 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

4/16/47Due to Arterio-sclerosisUnknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Brigette H. Del.

M.D. or other

Address Brigette H. Del. Date signed 4/21/47

RECEIVED

APR 23 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00840

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yearsHospital, institution, or street address where death occurred: River Road

How long in hospital or institution? \_\_\_\_\_

## 3. (a) FULL NAME

Samuel Crumble

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
--------------------	---------------------------------	---

6. (b) Name of husband or wife  Helen Butler Crumble7. Birth date of deceased (mo., day, yr.) December 1, 19076. (c) If alive, give age 31 years

8. AGE: Years <u>39</u>	Months <u>4</u>	Days <u>1</u>	It less than one day <u>hrs. 00</u>	min. 00
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9. Birthplace Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation Day laborer11. Industry or business Canning Factory12. Name Elwood Crumble13. Birthplace Caroline County, Maryland14. Maiden name Augusta Smith15. Birthplace Dorchester County, Maryland16. Informant Augusta CrumbleAddress Federalsburg, Maryland17. Burial Graveside Date thereof April 5, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory John's CemeteryLocation near Preston, Maryland18. Funeral director J. J. Frampton and SonAddress Federalsburg, Maryland

19. April 2 1947

(Date rec'd by registrar)

J. J. Frampton &amp; Son

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalsburg (If outside city or town limits, write RURAL and give nearest town)Street No. River Road (If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3. (b) Social Security Number

212-09-5412

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 2 1947 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

18....., to..... 19.....

and that I last saw h. alive on..... 19.....

Immediate cause of death.....

DURATION

Due to Endocarditis - PericarditisDue to Tuberculosis - Natural Causes

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

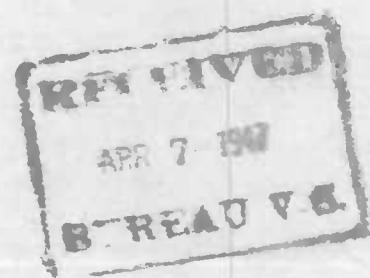
Means of injury..... Injured at work?

23. SIGNATURE

J. J. Frampton &amp; Son

M. D. or other

Address Dept. Medical Examiner, Dorchester Co., Md. Date signed 4/2/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-8

06841

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....*Caroline*City or town.....*Denton*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Harry LeRoy Filer*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*m Col*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *Jan 4, 1947*

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

..... hrs. ..... min.

9. Birthplace.....

*Denton, Caroline, Maryland*  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

*William H. Filer*

13. Birthplace.....

*Halls, Ind.*

14. Maiden name.....

*Virginia A. Stanford*

15. Birthplace.....

*Preston, Ind.*

16. Informant.....

*William H. Filer*

Address.....

*Denton, Maryland*

17. Burial.....

Date thereof..... *Apr. 8, 1947*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

*Denton Colored*

Location.....

*Denton, Maryland*

18. Funeral director.....

*L. Virgil Morris, Esq.*

Address.....

*Denton, Maryland*

19. 4/18 1947

(Date rec'd by registrar) *4/8/47* *Bo & G*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Ind.* County.....*Caroline*City or town.....*Denton*  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Apr. 7, 1947* at *10 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death.....

DURATION

Due to..... *Influenza*

1/24

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE..... *W. H. F. George*M. D. or other *Deputy Medical Examiner*Address..... *Denton* Date signed *4/8/47*

RECEIVED

APR 15 1947

BURFA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

## CERTIFICATE OF DEATH

00842

Reg. Dist. No.

610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: *Caroline*  
 County. *Denton* R. F. S.  
 City or town. *(If outside city or town limits, write RURAL and give nearest town)*  
 How long in above place of death? *3 3 yrs.*  
 Hospital, institution, or street address where death occurred: *R. F. S.*  
 How long in hospital or institution? *None*

## 3. (a) FULL NAME

*Dougal Mac Donald*

4. Sex *male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Married*  
 6. (b) Name of husband or wife *Elizabeth*  
 7. Birth date of deceased (mo. day. yr.) *Nov. 9, 1885* 8. (c) If alive, give age *60* years

8. AGE: Years *61* Months *4* Days *22* If less than one day *hrs. min.*

9. Birthplace *Scotland*  
 (Town, county, and state)

10. Usual occupation *Farmer*

11. Industry or business

FATHER 12. Name *Donald Mac Donald*  
 13. Birthplace *Scotland*  
 MOTHER 14. Maiden name *Elizabeth Mac Collum*  
 15. Birthplace *Scotland*

16. Informant *Mrs. Dougal Mac Donald*  
 Address *Denton, R. F. S.*

17. Burial (Burial, cremation, or removal, Which?) *Burial* Date thereof *Apr 4 1947*  
 (month) (day) (year)

Cemetery or crematory *Denton Cemetery*  
 Location *Denton, Md.*

18. Funeral director *J. Harvey Williamson*  
 Address *Federalburg Maryland*

19. *4/11* 1947 *Obd. George*  
 (Date rec'd by registrar) *Registrar*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State *Maryland* County *Caroline*  
 City or town *Denton* *(If outside city or town limits, write RURAL and give nearest town)*  
 Street No. *R. F. S.* *(If rural, give LOCATION)*

2.(a) If veteran, name war *No*

## 3. (b) Social Security Number

*None*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 1* 1947 at *4:00 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death *Myocardial Dystrophy* DURATION *1 hr*

Due to *status asthmaticus* *(Cat-Lambeth E)* 24 hrs.

Due to *undetermined*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

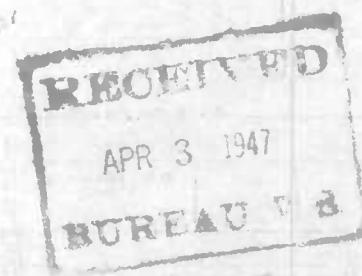
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *George W. W. M.D.* M. D. or other

Address *Bridgetown Md.* Date signed *4/14/47*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16102

00843

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

1. PLACE OF DEATH: *Caroline*  
 County: *Greensboro - Rural*  
 City or town: *Greensboro - Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *2 da.*  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

3. (a) FULL NAME *Marvin Ray Mulholland*  
 4. Sex *Male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Infant*  
 6. (b) Name of husband or wife *Infant*  
 7. Birth date of deceased (mo., day, yr.) *April 15, 1947* 6. (c) If alive, give age *years*  
 8. AGE: Years *0* Months *0* Days *2* If less than one day *hrs. 0 min.*

9. Birthplace *Goldsboro Md.*  
 (Town, county, and state)

10. Usual occupation.  
 11. Industry or business  
 FATHER 12. Name *Edward Earl Mulholland*  
 13. Birthplace *Harrington Del.*  
 MOTHER 14. Maiden name *Margaret Olsee Schuyler*  
 15. Birthplace *Harmony Md.*  
 16. Informant *Edward E. Mulholland*  
 Address *Greensboro, Md. - Rural*

17. Burial *Burial* Date thereof *April 18 1947*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Greensboro Md.*

Location *Greensboro Md.*

18. Funeral director *Dr. B. B. Rawlings*

Address *Greensboro Md.*

19. *Apr. 18 1947* L. M. *Registrar*  
 (Date rec'd by registrar) *Registrar*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *Maryland* County *Caroline*  
 City or town *Greensboro - Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 17* 19 47 at *5:05 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April 15* 19 47 to *April 17* 19 47 and that I last saw him alive on *April 17* 19 47

Immediate cause of death *Asphyxia Neonatorum*

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings or operations: \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of \_\_\_\_\_

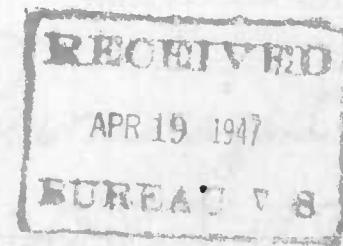
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE *Clark X. Fawcett* M. D. or other \_\_\_\_\_

Address *Greensboro Md.* Date signed *4/17/47*





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APR 15 1947

BUREAU F B I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

00846

## CERTIFICATE OF DEATH

Reg. Date. No. ....

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15

1. PLACE OF DEATH: Caroline Concord Rural  
 County: Caroline  
 City or town: Concord (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME Florence Sedgwick  
 4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: William Sedgwick  
 7. Birth date of deceased (mo., day, yr.): Apr. 28, 1893 6. (c) If alive, give age: 55 years

8. AGE: 54 Years 0 Months 1 Days If less than one day: hrs. min.

9. Birthplace: Debot Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home 12. Name: Patricia Day

13. Birthplace: Unknown

14. Maiden name: Sadie Ferguson

15. Birthplace: Unknown

16. Informant: William Sedgwick

Address: Concord Md.

17. Burial: Burial Date thereof: May 1, 1947 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory: Springfield

Location: Boston Md.

18. Funeral director: J. Ellis Clark

Address: Boston, Md.

19. 4/30 19 X7 M. H. Nease (Date rec'd by registrar) (Date) (Initials) (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland Caroline  
 (For newborn infants give residence of mother)

State: Maryland County: Caroline  
 City or town: Concord (If outside city or town limits, write RURAL and give nearest town)

Street No.: Rural (If rural, give LOCATION)

2.(a) If veteran, name war:.....

3. (b) Social Security Number:.....

## MEDICAL CERTIFICATION

2D. DATE OF DEATH: April 29 1947 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 9, 1946 to April 29, 1947 and that I last saw her alive on April 29, 1947.

Immediate cause of death: Metastatic Adenocarcinoma in the Liver

Due to: Carcinoma of stomach DURATION: 9 mos.

Due to: Ch. story 1 yr.

Due to:.....

Other conditions:.....

(Include pregnancy within 8 months of death)

Major findings of operations: Carcinoma of stomach

Metastasis to liver DATE OF OP: 10-1-46

Autopsy results:.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

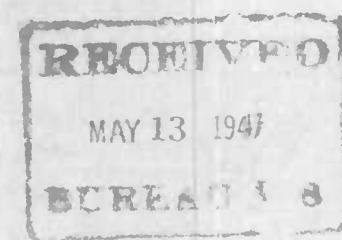
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE: W. L. Germann MD M. D. or other

Address: Federalsburg Md. Date signed: 4-30-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct and especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

## CERTIFICATE OF DEATH

Reg. Dist. No. 16245

## 1. PLACE OF DEATH:

County: Caroline

City or town: Preston, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death: 71 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

J. Harvey Towers

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Ethel

7. Birth date of deceased (mo., day, yr.)

March 14, 1876

6. (c) If alive, give age years

8. AGE:

71

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace: Preston, Caroline, Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

Madison Towers

12. Name: Madison Towers

13. Birthplace: Md.

14. Maiden name: Molly Todd

15. Birthplace: Md.

16. Informant: E. Towers

Address: Preston, Md.

17. Burial: Date thereof: April 9, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Denton.

Cemetery or crematory: Denton, Md.

Location: Denton, Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro, Md.

19. (Date rec'd by registrar) 4/8 1947

Signature: M. D. or other

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 6 1947 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 5 1947 to April 6 1947

and that I last saw him alive on April 6 1947

Immediate cause of death:

Hemorrhage  
Probably Cancer of  
Stomach

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of:

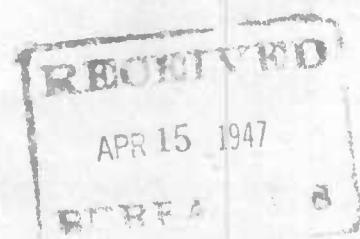
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address: Denton, Md. Date signed: 4/8/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10-12

00847

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

## 1. PLACE OF DEATH:

County..... Caroline  
City or town..... Greensboro, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lawrence Edward Tribbett, Jr.

## 3. (b) Social Security Number

4. Sex male | 5. Color or race white | 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife infant

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1947

8. AGE: Years 0 Months 2 Days 16 It less than one day hrs. . . . . min.

9. Birthplace..... Greensboro, Caroline Co., Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name..... Lawrence E. Tribbett  
13. Birthplace..... Greensboro, Maryland

14. Maiden name..... Rachel E. Whitby

15. Birthplace..... Queen Anne, Md.

16. Informant..... Lawrence E. Tribbett  
Address..... Greensboro, Md. R.D.17. Burial..... Date thereof..... 4/14/47  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Greensboro

Location..... Greensboro, Md.

18. Funeral director..... R. B. Rawlings

Address..... Greensboro, Md.

19. April 14, 1947 L. Mae Pajean  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline  
City or town..... Greensboro

(If outside city or town limits, write RURAL and give nearest town)

Street No. . . . .

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1947 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 . . . . . to April 12, 1947

and that I last saw h. . . . . alive on 19 . . . . .

Immediate cause of death

Asphyxia, accidental

Due to..... Sleep

Due to: . . . . .

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. . . . . Date of . . . . .

Where did injury occur? . . . . . (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address..... Greensboro, Md. Date signed 4/12/47

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APR 19 1947

BUREAU U S



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	APR 26 1947
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN